



To be completed by teacher for record keeping purposes:
 Student paid \$ _____
 Check# _____ or Cash: _____

Dues: \$20 to become a member. Make checks payable to Huntington Middle School

When: Join as soon as possible to gain the benefits of all member activities, competitions, and trips

FCCLA Member Information (PRINT NEATLY PLEASE!)

First Name: _____ Last Name: _____

Gender: _____ Grade: _____ Birthdate: _____

Address: _____

Student Cell #: _____

Parent Name: _____

Parent Cell #: _____ Home Phone #: _____

Student Schedule

	Course	Teacher
	Homeroom	
1		
2		
3		
4		
5		
6		

- I give permission for my child to be photographed during FCCLA events and for pictures to be published on social media sites and other media outlets for the purpose to promote FCCLA.
- I understand after 2 times of being late to pick up FCCLA member, he or she will no longer be allowed to participate in afterschool FCCLA activities.
- I understand my child must remain in good academic standing and free from disciplinary referrals to attend any trip with FCCLA.
- *I understand all funds paid to Huntington Middle School FCCLA are non-refundable despite the situation or circumstance. This is a Georgia FCCLA policy.*
- I agree to the terms of FCCLA membership and allow my child to participate in FCCLA.

Student signature _____ Date _____

Parent signature _____ Date _____